

# Retirees: 2016–2017

## Cost Of City Of Atlanta Health Coverage

Retiree rates are calculated accordingly:

- If a retiree was hired prior to April 1, 1986, that retiree should pay the premium listed in the 30% column.
- Anyone hired on or after April 1, 1986, but retired between September 2009 through August 31, 2010, should pay the premium listed in 40% column.
- Anyone hired on or after April 1, 1986, but retired September 2010 forward should pay the premium listed in the 50% column.

You and the City of Atlanta share the cost of your health insurance coverage. The cost of coverage varies from year to year. Your costs for health coverage for 2016 – 2017, effective September 1, 2016, are shown in the following tables.

### Medical Plans

Blue Cross Blue Shield POS						
	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
<b>Monthly Rates – Without Medicare</b>						
Retiree Only	\$176.66	\$412.20	\$235.54	\$353.31	294.43	294.43
Retiree + Child(ren)	\$309.41	\$721.96	\$412.55	\$618.82	515.68	515.68
Retiree + Spouse/Domestic Partner	\$442.15	\$1,031.70	\$589.54	\$884.31	736.93	736.93
Retiree + Family	\$583.82	\$1,362.26	\$778.43	\$1,167.65	973.04	973.04
Beneficiary Child(ren)	\$176.66	\$412.20	\$235.54	\$353.31	294.43	294.43
Widow(er) Only	\$176.66	\$412.20	\$235.54	\$353.31	294.43	294.43
Widow(er)/bene child(ren)	\$309.41	\$721.96	\$412.55	\$618.82	515.68	515.68

United Healthcare Medicare Advantage (with Medicare) <sup>1</sup>						
	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
<b>Monthly Rates<sup>2</sup></b>						
Retiree Only - Medicare	\$78.17	\$182.39	\$104.22	\$156.34	\$130.28	\$130.28
Retiree + Child(ren) - Medicare	\$236.89	\$552.73	\$315.85	\$473.77	\$394.81	\$394.81
Retiree + Spouse/Domestic Partner (1 Medicare)	\$236.89	\$552.73	\$315.85	\$473.77	\$394.81	\$394.81
Retiree + Spouse/Domestic Partner (2 Medicare)	\$156.34	\$364.78	\$208.45	\$312.67	\$260.56	\$260.56
Retiree + Family (1 Medicare)	\$356.37	\$831.54	\$475.16	\$712.75	\$593.95	\$593.95
Retiree + Family (2 Medicare)	\$314.76	\$734.44	\$419.68	\$629.52	\$524.60	\$524.60
Widow(er) Only - Medicare	\$78.17	\$182.39	\$104.22	\$156.34	\$130.28	\$130.28
Widow(er)/bene child(ren) - Medicare	\$236.89	\$552.73	\$315.85	\$473.77	\$394.81	\$394.81

<sup>1</sup> Medicare Part A and Part B required.

<sup>2</sup> Non-Medicare dependents will be enrolled in BCBS POS.

### Kaiser Permanente HMO (without Medicare)

	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
<b>Monthly Rates – Without Medicare</b>	<b>Retiree Cost</b>	<b>City Cost</b>	<b>Retiree Cost</b>	<b>City Cost</b>	<b>Retiree Cost</b>	<b>City Cost</b>
Retiree Only	\$155.54	\$362.93	\$207.39	\$311.08	\$259.23	\$259.23
Retiree + Child(ren)	\$272.18	\$635.09	\$362.91	\$544.36	\$453.64	\$453.64
Retiree + Spouse/Domestic Partner	\$388.84	\$907.29	\$518.45	\$777.68	\$648.07	\$648.07
Retiree + Family	\$513.27	\$1,197.64	\$684.37	\$1,026.54	\$855.45	\$855.45
Beneficiary Child(ren)	\$155.54	\$362.93	\$207.39	\$311.08	\$259.23	\$259.23
Widow(er) Only	\$155.54	\$362.93	\$207.39	\$311.08	\$259.23	\$259.23
Widow(er)/bene child(ren)	\$272.18	\$635.09	\$362.91	\$544.36	\$453.64	\$453.64

### Kaiser Permanente Senior Advantage (with Medicare)<sup>3</sup>

	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
<b>Monthly Rates</b>	<b>Retiree Cost</b>	<b>City Cost</b>	<b>Retiree Cost</b>	<b>City Cost</b>	<b>Retiree Cost</b>	<b>City Cost</b>
Retiree Only - Medicare	\$68.65	\$160.19	\$89.78	\$134.66	\$114.42	\$114.42
Retiree + Child(ren) - Medicare	\$286.44	\$668.35	\$374.46	\$561.69	\$477.40	\$477.40
Retiree + Spouse/Domestic Partner (1 Medicare)	\$224.91	\$524.80	\$294.04	\$441.06	\$374.86	\$374.86
Retiree + Spouse/Domestic Partner (2 Medicare)	\$137.33	\$320.44	\$179.55	\$269.33	\$228.89	\$228.89
Retiree + Family (1 Medicare)	\$404.60	\$944.06	\$528.92	\$793.38	\$674.33	\$674.33
Retiree + Family (2 Medicare)	\$295.73	\$690.03	\$386.60	\$579.90	\$492.88	\$492.88
Beneficiary Child(ren) - Medicare	\$68.65	\$160.19	\$89.78	\$134.66	\$114.42	\$114.42
Widow(er) Only - Medicare	\$68.65	\$160.19	\$89.78	\$134.66	\$114.42	\$114.42
Widow(er)/bene child(ren) - Medicare	\$286.44	\$668.35	\$374.47	\$561.69	\$477.40	\$477.40

<sup>3</sup> Medicare Part A and Part B members must enroll in Kaiser Senior Advantage.

### Aetna Medicare Plan POS (Medicare Parts A & B)<sup>4</sup>

	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
<b>Monthly Rates</b>	<b>Retiree Cost</b>	<b>City Cost</b>	<b>Retiree Cost</b>	<b>City Cost</b>	<b>Retiree Cost</b>	<b>City Cost</b>
Retiree Only	\$69.78	\$162.81	\$93.04	\$139.55	\$116.29	\$116.30
Retiree +Spouse/Domestic Partner (2 Medicare)	\$139.55	\$325.63	\$186.07	\$279.11	\$232.59	\$232.59
Widow(er) Only - Medicare	\$69.78	\$162.81	\$93.04	\$139.55	\$116.29	\$116.30

<sup>4</sup> Medicare Part A and Part B required.

### Aetna Medicare Plan POS (Medicare Part B)<sup>a</sup>

Monthly Rates	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only-Medicare	\$127.47	\$509.87	\$254.94	\$382.40	\$318.67	\$318.67
Retiree + Spouse/Domestic Partner (2 Medicare)	\$254.94	\$1,019.74	\$509.87	\$764.81	\$637.34	\$637.34
Widow(er) Only - Medicare	\$127.47	\$509.87	\$254.94	\$382.40	\$318.67	\$318.67

<sup>a</sup> Medicare Part B required.

### Dental Plans

#### BCBS Dental – High Option

Monthly Rates	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$7.85	\$18.32	\$10.47	\$15.70	\$13.08	\$13.09
Retiree + Child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71
Retiree + Spouse	\$16.04	\$37.42	\$21.38	\$32.08	\$26.73	\$26.73
Retiree + Family	\$26.31	\$61.37	\$35.07	\$52.61	\$43.84	\$43.84
Beneficiary Child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71
Widow(er) Only	\$7.85	\$18.32	\$10.47	\$15.70	\$13.08	\$13.09
Widow(er)/bene child(ren)	\$16.63	\$38.79	\$22.17	\$33.25	\$27.71	\$27.71

#### BCBS Dental – Low Option

Monthly Rates	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$7.30	\$17.05	\$9.74	\$14.61	\$12.17	\$12.18
Retiree + Child(ren)	\$14.13	\$32.96	\$18.83	\$28.26	\$23.54	\$23.55
Retiree + Spouse	\$14.86	\$34.67	\$19.81	\$29.72	\$24.76	\$24.77
Retiree + Family	\$22.44	\$52.35	\$29.92	\$44.87	\$37.39	\$37.40
Beneficiary Child(ren)	\$14.13	\$32.96	\$18.84	\$28.25	\$23.54	\$23.55
Widow(er) Only	\$7.30	\$17.05	\$9.74	\$14.61	\$12.17	\$12.18
Widow(er)/bene child(ren)	\$14.13	\$32.96	\$18.84	\$28.26	\$23.54	\$23.55

Delta Dental DHMO						
	30% / 70% Retiree Cost: 30%; City Cost: 70%		40% / 60% Retiree Cost: 40%; City Cost: 60%		50% / 50% Retiree Cost: 50%; City Cost: 50%	
Monthly Rates	Retiree Cost	City Cost	Retiree Cost	City Cost	Retiree Cost	City Cost
Retiree Only	\$2.93	\$6.85	\$3.91	\$5.87	\$4.89	\$4.89
Retiree + Child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80
Retiree + Spouse	\$5.73	\$13.38	\$7.64	\$11.47	\$9.55	\$9.55
Retiree + Family	\$8.82	\$20.59	\$11.76	\$17.65	\$14.70	\$14.71
Beneficiary Child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80
Widow(er) Only	\$2.93	\$6.85	\$3.91	\$5.87	\$4.89	\$4.89
Widow(er)/bene child(ren)	\$5.28	\$12.32	\$7.04	\$10.56	\$8.80	\$8.80

## Vision Plan

United Healthcare – Vision		
Monthly Rates	Retiree Cost	City Cost
Retiree Only	\$3.69	\$0
Retiree + Child(ren)	\$8.10	\$0
Retiree + Spouse	\$7.72	\$0
Retiree + Family	\$10.43	\$0
Beneficiary Child(ren)	\$4.42	\$0
Widow(er) Only	\$3.69	\$0
Widow(er)/bene child(ren)	\$8.10	\$0

## Life Insurance

Minnesota Life Insurance	
Monthly Rates	Retiree Cost
Basic Life – Retirees (\$10,000)	\$9.30
Grandfathered Retiree Life (\$10,000)	\$9.30
Dependent Life (Spouse)*	\$4.00
Dependent Life (Child)*	\$1.19
Surviving Spouse*	\$20.00
Additional Life (Retiree Only)** - \$5,000	Minnesota Life Rate
Additional Life (Retiree Only)** - \$10,000	Minnesota Life Rate

\* \$5,000 maximum coverage

\*\* Additional Life Insurance (Retiree Only) - \$20,000 maximum coverage.